

APPLICATION FOR ADMISSION TO AVE CENTER

ADULT VOCATIONS EDUCATIONAL CENTER

Adult Vocation Director
1119 Westchester Place
Los Angeles, Ca. 90019
(213) 731-9329

Adult Vocation Director
135 Willard N.
San Francisco, Ca. 94118
(415) 752-6022

(Please Type or Print)

1. Name.....
(Last) (First) (Middle)
2. Present Address).....
(Number and Street) (City) (State) (Zip)
3. Home Address.....
(Number and Street) (City) (State) (Zip)
4. Place and Date of Birth.....
(City) (State) (Month) (Day) (Year)
5. Place and Date of Baptism.....
(Parish) (City) (State) (Date)
6. Plate and Date of Confirmation.....
(Parish) (City) (State) (Date)
7. Parish During Major Part of Adult Life: Church.....
Pastor.....
Address.....
(City) (State)
8. Name of Father.....
(Last) (First) (Middle) (Occupation)
9. Name of Mother.....
(Last) (First) (Middle) (Occupation)
10. Date of Parents' Marriage.....
(City) (State) (Church)
11. Is Father or Mother Deceased?.....
(Father) (Mother)
If Yes, What Was Cause of Death?.....
12. List Places Where You Have Lived for a Period of Six Months or Longer, Exclusive of Military Service, and Since Your Fourteenth Birthday, Giving Dates and Addresses of Such Residence:
a).....
b).....
c).....
d).....

25. List All Schools You Have Attended (Grammar, High, Trade, College, or Graduate):

(Name and Place)

(Years Attended)

- a).....
- b).....
- c).....
- d).....
- e).....
- f).....
- g).....

26. How Many Years Have You Been Out of School?.....

27. Years of College..... Degree..... or.....
(Yes) (No)

Name of College..... Major.....

Graduate Work..... or..... Years.....
(Yes) (No)

Name of College..... Degree..... Major.....

28. Other Education:.....

.....
.....

29. When Did You Have Your Last Physical Examination?.....

Did You Have Any X-Rays Taken or Any Other Special Tests? Be Specific:.....
.....

30. Any Serious Physical Disability? (Sight, Hearing, Speech, Mutilation, Disfigurement, Deformity):.....

.....
Have You Any Chronic Disease?..... If So, Explain.....

.....
Any History of Psychopathic Episode?.....
.....

Any History of So-Called "Nervous Breakdown"?.....
.....

Any Military History of So-Called "Combat Fatigue"?.....
.....

38. Have You Ever Studied Latin?.....or.....Where?.....
(Yes) (No)

.....Number of Years.....Degree of Success.....

39. Does Your Family Approve of Your Intentions to Enter Our Adult Vocations Educational Center? If Not, Explain:.....

.....

.....

40. Are You or Your Family Able to Meet the Expense of Your Education?.....or.....
(Yes) (No)

41. Are You Eligible for a Student Loan (from Government, State, or Bank)?.....

42. Do You Have a Benefactor Willing to Pay For Your Studies, At Least For the First Year?.....

43. Do You Have Any Hobbies? If So, List Them:.....

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44. Please Ask a Priest Who Has Known You Personally to Send a Letter Stating His Impressions As to Your Hopes For Succeeding in Your Vocation to the Priesthood.

Signature of Applicant.....Date.....

Mail Together with Application Form a 500-Word Autobiography to:

THE DIRECTOR
AVE Center

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